Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Radical Prostatectomy (Total Removal of the Prostate Gland)

1. Introduction

1.1. Radical prostatectomy is aimed to remove the entire prostate gland with the cancerous part. The regional lymph nodes are removed if required in the same operation.

1.2. The surgery is one of the curative treatment options for early stage prostate cancer.

1.3. The procedure could be done via open abdominal approach, perineal approach, laparoscopic or robotic approach.

2. Before the Procedure

2.1. A written consent is necessary

2.2. Patient will be asked not to eat or drink for 6-8 hours (or instructed by Doctor) before operation.

2.3. Inform your doctor of any medical condition (for example diabetes, heart diseases, high blood pressure, etc.) and any medications currently taking, because some drugs including blood thinners & aspirin may need to be stopped before operation.

3. The Procedure

3.1. Despite the different possible approaches for the operation, the procedure within the body is very similar. Open abdominal surgery involves a lower abdominal wound. Perineal prostatectomy will involve a perineal wound. Laparoscopic approach will be involved 5-6 small incisions over the umbilicus and the lower abdomen for the entry of the laparoscopic and other instruments.

3.2. The entire prostate gland and the seminal vesicles are removed. Regional lymph nodes maybe removed and sent for histopathology examination if indicated. The bladder is sutured back to the residual part of urethra. A urethral catheter is usually put in to drain the bladder and a surgical drain is left at surgical resection site. The urethral catheter will be kept for 7-14 days.

4. Risk and Complication

4.1. Peri-operative:

- 4.1.1. Anaesthetic complications and complications caused by pre-existing diseases
- 4.1.2. Systemic life threatening complication including myocardial infarction, cerebral vascular accident, deep vein thrombosis and pulmonary embolism
- 4.1.3. Bleeding requiring massive transfusion
- 4.1.4. Injury to adjacent organs including ureter, rectum, bowel, and pelvic nerves and vessels
- 4.1.5. Anastomotic leakage or urinary leakage with or without intra-abdominal abscess and sepsis, requiring further surgical interventions including colostomy
- 4.1.6. Bowel obstruction or ileus
- 4.1.7. Urinary tract infection, chest infection, wound infection causing life threatening septicaemia
- 4.1.8. For Laparoscopic surgery, special risks includes: vascular or visceral injury by trocar insertion (< 1%), fatal gas embolism and hypercarbia (<1%), postoperative subcutaneous crepitus (surgical emphysema), pneumomediastinum and pneumothorax

4.2. Post-Operative Complication:

- 4.2.1. Various degree of urinary incontinence (~5-15% after one year)
- 4.2.2. Anastomotic stricture and urethral stricture (<10%)
- 4.2.3. Positive Resection Margin
- 4.2.4. Erectile Dysfunction
- 4.2.5. Loss of ejaculation and infertility (normal consequence)
- 4.2.6. Fecal incontinence in perineal approach
- 4.2.7. Wound dehiscence and hernia formation

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4.2.8. Further intervention including operation for management of complication, positive resection margin and tumor recurrence

4.2.9. Mortality related to tumor surgery or pre-existing diseases (0.5-2%)

5. Follow up

5.1. Intensive care may be required after this major surgery. The urethral catheter and the surgical drain would be kept for a few days to a few weeks, depending on the recovery condition.

6. Remarks

6.1. This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.

7. References

7.1. Hospital Authority. Smart Patient Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____